



HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, ASB TOWER 970
P.O. BOX 616, HONOLULU, HAWAII 96809
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email: ethics@hawaiiethics.org

THIS SPACE FOR OFFICE USE ONLY

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RENA

LOBBYIST REGISTRATION FORM

STATE OF HAWAII
STATE ETHICS COMMISSION

(Type or Print Clearly)

PART I LOBBYIST

| | | | |
|--|-------------------|---------------------|---------------------------|
| NAME (Last) Toyofuku | (First) Robert | (Middle) S. | TELEPHONE 808-524-4155 |
| MAILING ADDRESS (Street) 1000 Bishop St., # 902 | | | FAX 808-524-0573 |
| (City) Honolulu | (State) HI | (Zip Code) 96813 | |
| EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby) BT Consulting, Inc. dba Advocates | | | TELEPHONE same |
| MAILING ADDRESS (Street) same | | | FAX |
| (City) | (State) | (Zip Code) | |

PART II ORGANIZATION

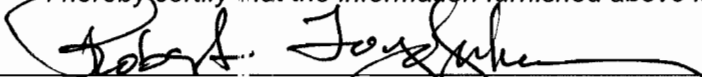
| | | |
|--|---------------------------|---------------------|
| NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Pharmaceutical Research and Manufacturers of America (PhRMA) | TELEPHONE 202-835-3584 | |
| MAILING ADDRESS (Street) 1100 Fifteenth Street, NW | FAX 202-835-3415 | |
| (City) Washington | (State) DC | (Zip Code) 20005 |
| NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT Christopher Badgley | | TELEPHONE same |
| MAILING ADDRESS (Street) same | | FAX |
| (City) | (State) | (Zip Code) |

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Education | <input type="checkbox"/> Human Services | <input type="checkbox"/> Science, Technology & Economic Development |
| <input type="checkbox"/> Communications & Public Utilities | <input type="checkbox"/> Government Operation & Finance | <input type="checkbox"/> Intergovernmental Relations, International Affairs | <input type="checkbox"/> Tourism & Recreation |
| <input checked="" type="checkbox"/> Consumer Protection & Commerce | <input type="checkbox"/> Hawaiian Affairs | <input type="checkbox"/> Labor & Employment | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Culture, Arts, Historic Preservation | <input checked="" type="checkbox"/> Health | <input type="checkbox"/> Planning, Land & Water Use Management | <input type="checkbox"/> Other: (indicate below) |
| <input type="checkbox"/> Ecology, Energy Environmental Protection | <input type="checkbox"/> Housing | <input type="checkbox"/> Public Safety & Corrections | _____ |

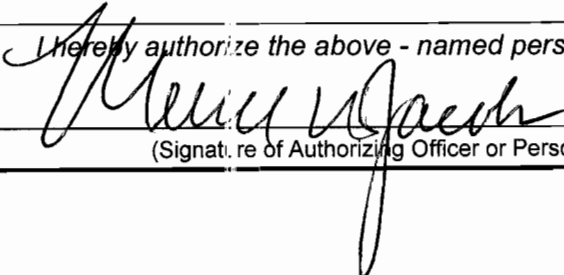
PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.


(Signature of Lobbyist)

April 14, 2006
(Date)

PART V AUTHORIZATION TO LOBBY

| | | | |
|---|---------------|---|--|
| NAME Merrill Jacobs | | TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED Regional Director | |
| NAME OF ORGANIZATION (if applicable) Pharmaceutical Research and Manufacturers of America (PhRMA) | | TELEPHONE 916-498-3304 | |
| MAILING ADDRESS (Street) 980 Ninth Street, # 2200 | | FAX 916-498-3370 | |
| (City) Sacramento | (State) CA | (Zip Code) 95814 | |
| I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned. | | | |
|  (Signature of Authorizing Officer or Person Represented) | | <u>4/24/06</u> (Date) | |